## WILKES UNIVERSITY DIPLOMA ORDER BACHELOR'S or PHARMACY DEGREES

		Date of Graduation					
Name		WIN					
	nt as it is	to appear or					
Permanent Addres	s						
Cit		State ZIP					
Local/Cell Phone H				ome Phone			
Type of Degree	B <i>A</i>	BBA _	BFA	BS	BSN _	DPH	
Major	Minor			Conce	Concentration		
Major	Minor			Conc	Concentration		
Major		_ Minor					
If receiving a sec	una aegre	e, piease in	uicate type	or degree	e		
Student's Signature			 Date				
ADVISOR APPROV	/AL						
**Providing all req BACK SIDE of thi graduation semest	s form a	re completed	d and/or res	solved by	the end of t	the intended	
YES		NO (If No	O, indicate	why)			
Major	Advisor's	Signature Signature		<del></del> -	Date		

## Please fill in the following COMPLETELY:

Total Credits R	equired for (	Graduation		
Current Cumula	tive GPA			
Current Major I	Field Averag	e above 2.00? _	Yes	No
Courses to be c	ompleted:	<u>FALL</u>	<u>SPRING</u>	SUMMER
Courses to be t <u>Course</u>	ransferred i	n - <u>School Wher</u>	e Taken	<u>Semester Taken</u>
Assume studen one is verified:	Total Credit Core Requir Major Requ Grade Poin Major Field For transfe	Il currently regins Required for Dements Complete irements Complete Average 2.000 Average 2.000 or students, half	egree are Accounte ed ted or higher or higher	lease check off as each
	completed	at a four-year sc		f these 60 at Wilkes)

BE SURE TO ATTACH A DEGREE AUDIT TO THIS COMPLETED FORM AND RETURN ALL TO THE REGISTRAR.